

patient be under the influence of opium, which drug in this disease has the effect of masking, more or less completely, the symptoms. The abdominal distension tends to increase. The amount of fever varies much, and the temperature sometimes is below normal throughout. The pulse is always frequent, and its size and frequency are an important sign of the severity of the disease, much more so, in fact, than the temperature. In a bad case it is very small—the so-called “thready” pulse. The facial aspect of acute peritonitis is often very characteristic, the face is pinched, and the eyes sunken. It must always be remembered that the cessation of vomiting does not imply that the patient is doing well; for this symptom often ceases in the worst stages of the disease. And, again, that the temperature is no indication to the severity of the illness, because, as above noted, in the worst cases, it may be normal, or below normal, and, again in such cases, the abdomen may be painless and hardly tender to the touch.

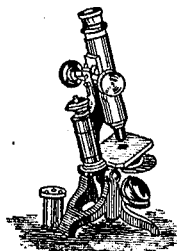
If seen very early, the physician may administer a dose of salts as a purgative, the object of which is to clear the intestinal canal of any noxious matters which if absorbed may poison the patient and intensify the existing inflammation. If the inflammation be most marked in the pelvis, the child's buttocks should be kept raised on a pillow in order to relieve congestion of the vessels in this part of the abdomen and so to lessen the inflammation. If the disease be tubercular, the opening of the abdomen, especially if fluid be present, very often tends to stop the inflammation and in some cases to lead to a complete cure. The cause of this improvement is not known, but the results of the operation are good; and so it is a most necessary procedure.

As regards the general treatment of acute peritonitis; if there be much pain, belladonna and glycerine paint over the abdomen is very useful and after its application a hot fomentation may be applied. The diet should consist chiefly or wholly of milk, given every hour or two in small quantities, iced if there be much vomiting. Opium or belladonna may be used to relieve pain and spasm and the nurse should carefully look for toxic effects of these drugs as above described in order to inform the medical practitioner how they are acting, so that if necessary they may be discontinued.

(To be continued.)

Medical Matters.

THE OPERATIVE TREATMENT OF CLEFT PALATE.



In *The Dublin Journal of Medical Science*, Mr. E. H. Taylor describes a modification of the ordinary operation for cleft palate. It differs from that usually performed in making a curved incision on each side close to the alveolar margin of the palate, commencing posteriorly inside the last molar tooth and curving round anteriorly to terminate in the cleft, and arranged at the same time in such a way that sufficient tissue is left immediately behind the incisor teeth to hold a suture subsequently. With this incision the posterior palatine artery is retained in the flap. The latter is reflected by means of a rugine. The connections between the hard and soft palate are then severed by turning back the flaps which have been already detached from the hard palate. Silkworm gut sutures are used, the first being placed posteriorly. At the anterior extremity of the cleft the suture should be passed through the flap from its mucous to its periosteal aspect; the free end of the suture is then carried through the gum behind the incisor teeth in the reversed direction, viz.: from its deep to its superficial aspect. This suture anchors the flaps in front during the process of healing. The advantages of the operation are thus summarised: 1. It can be performed with greater ease and rapidity than any of the ordinary cleft-palate operations. 2. It is not accompanied by troublesome hæmorrhage, as no large arterial branch is divided, and whatever hæmorrhage does occur may be effectually controlled by digital pressure. 3. The mucoperiosteal flaps have their blood supply assured. They are raised with the least possible damage; and this is a material advantage when dealing with the delicate and friable tissues of young children. 4. The free range of mobility of the flaps facilitates in a very marked way the introduction of the sutures; more especially is this the case at the anterior extremity of the cleft, which has hitherto been a difficult part to close. 5. Lastly, the operation is well-adapted to young children.

As nurses are required to wait upon surgeons at operations, it is well that they should acquaint themselves with the latest methods employed.

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